

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

26537

1. PLACE OF DEATH

County Jackson

Registration District No. 399

Township Kau

Primary Registration District No. 1002

City Flange City (No. 2222) Flora

File No. 3206

Registered No. 3206

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 2222 Flora St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe. 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July, 1908

7. AGE YEARS 97 MONTHS 10 DAYS 20 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Leroy Williams (ADDRESS) Flange City, Ala., Ill.

18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Ridge DATE 8/17 1933

19. UNDERTAKER Mathews Bros. (ADDRESS) 729 Lydia

20. FILED 8/17 1933 W. Van Grown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 14 1933

22. HEREBY CERTIFY, That I attended deceased from Aug. 14 1933 to Aug. 14 1933

I last saw her alive on Aug. 14 1933. Death is said

to have occurred on the date stated above, at 2 p.m.

The principal cause of death and related causes of importance were as follows:

Rocky Mountain

Insufficiency

Other contributory causes of importance: 98A

Name of operation Phys. Exam Date of Aug

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 1933

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify L.W. Bunker

(Signed) _____ M. D.

(Address) 2028 - 2nd St.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 26 1933

Bosker.

